

2007 FOR PROFIT CORPORATION ANNUAL REPORT

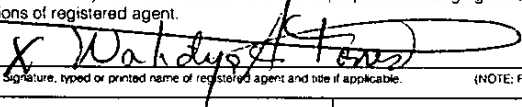
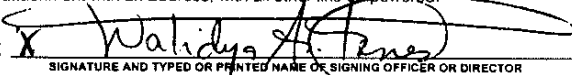
FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90028 023 ***150.00

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01222007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000045561					
1. Entity Name AILEEN'S SALON & SPA BARBER SHOP INC					
Principal Place of Business 3237 S JOHN YOUNG PARKWAY KISSIMMEE, FL 34746 US			Mailing Address 3237 S JOHN YOUNG PARKWAY KISSIMMEE, FL 34746 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt., #, etc.			Suite, Apt., #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0848728	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TORRES, WALIDYA A 2971 WINDING TRAIL KISSIMMEE, FL 34746			Name Street Address (P.O. Box Number is Not Acceptable) 2602 Roughside Circle City Kissimmee FL Zip Code 34746		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 1/22/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, WALIDYA A 2971 WINDING TRAIL KISSIMMEE, FL 34746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2602 Roughside Circle Kissimmee, Florida 34746	☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE: 1/22/07 Daytime Phone #: 407-518-0029					